Your Your Your ATLA Attori	Address City, Sta Telepho S Numb ney Bar esenting	s:ate, Zip code:ate, Zip code: ne Number: er (if applicable): Number (if applicable): Self (Without a Lawyer) OF	R Attorney for ☐ Petitioner OR ☐ Respondent
	Sl	JPERIOR COURT OF	F ARIZONA IN MARICOPA COUNTY
			Case Number:
Name	of Petition	oner/Plaintiff	AFFIDAVIT SUPPORTING PUBLICATION
Name	of Resp	ondent/Defendant	
1.		e this Affidavit to tell the Court whation was done.	ny service by publication was used, and to show how service by
2.			cedure, Rules 4.1(n), 4.1(o), 4.2(f), and 4.1(g), service by publication of this court case because the other party is:
		Avoiding service of process. I documents:	have mailed, postage prepaid, a copy of the following legal
		to the last known address of th	e other party on or before the first date of Publication, OR
		The other party's residence is party.	unknown. I have not mailed copies of the proceedings to the other
3.	search party's apply.	n to find out. My search failed to i s residence or whereabouts. This	other party is unknown to me, even though I have made a diligent reveal any information that might lead to knowledge about the other is what I did to try to find the other party. (Check all boxes that . There may be other options available to you as well. the other party):
	☐ Sea	arched the phone directories	☐ Searched on the Internet ☐ Checked voter records
	☐ Ch	ecked obituaries	
	☐ Asl	ked members of Respondent's famil	y: (Who?)
	☐ Ch	ecked with Respondent's previous e	mployer:

	To the best of my knowledge, information, and belief, the other party is not in the military service of th United States.			
	The following document(s) was/were published in a newspaper in the county, where my case is pend on the following dates.			
	A/, B/, C/, D/			
	AND/OR			
	A/, B/, C/, D/ A copy of the notice as published and the Affidavit of Publication is attached. I have read this statement and know of my own knowledge that the facts stated herein are true and correct.			
	Your Signature			
	SUBSCRIBED AND SWORN to before me this date, by			
	My Commission Expires			